U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 09/699,224-Conf. #8386 POWER OF ATTORNEY Filing Date October 27, 2000 OR First Named Inventor Peter A. Rice REVOCATION OF POWER OF ATTORNEY PEPTIDE MIMICS OF CONSERVED WITH A NEW POWER OF ATTORNEY Title GONOCOCCAL EPITOPES AND 1645 AND Art Unit CHANGE OF CORRESPONDENCE ADDRESS **Examiner Name** S. J. Devi Attorney Docket No. U0120.70042US00 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. X I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application 23628 identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected the Registration Number Practitioner(s) Name Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: | x | The address associated with the above-mentioned Customer Number: The address associated with Customer Number. Firm or Individual N Address Zip City State Email Country Telephone I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. | X | Assignee of record of the entire interest. See U. S. 13.1.1.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record James B. M. Marrara Date 11/3/10 Signature Telephone James P. McNamara, Ph.D. Title and Company Exec. Director, OTM, UMass Medical School NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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\*Total of

forms are submitted.

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